

# High Street Surgery Patient Participation Group

Committee Meeting

24 January 2023

Cyberspace via Zoom

## Attendees:

Anni, Margaret, Sherrie, David, Linda, Joanne

### 1. Welcome

Apologies received from Ivor, Angela, Mary and Alice. Alice included in her e-mail some questions that will be raised under Any Other Business.

### 2. Minutes of last meeting

Taken as read. Approved by the meeting

### 3. Matters arising

None

### 4. NHS industrial action

The ongoing industrial action in the NHS has not had any effect on the surgery. The staff at the surgery do not belong to the same unions as the striking nurses and have, therefore, not been balloted. Nor do there seem to have been high levels of action in Waveney. At the James Paget the required number did not participate in the vote for strike action to be agreed.

### 5. News from the surgery

Tracy sent over her thanks to the PPG for the flowers sent on her last day.

Levels of staff sickness have been high since Christmas due to a combination of winter colds, Covid and influenza.

The CQC conducted a virtual reinspection on 16 January, addressing the notices found at the last inspection. The CQC has recognised the hard work put in by the surgery but still have issues about the number of patient reviews undertaken, asthma, COPD, hypertension, etc. Work is undergoing to clear the backlog of these reviews.

The CQC introduced new criteria between Christmas and the New Year, moving the goalposts somewhat. There will be a re-inspection in May or June, the surgery is working on the assumption that it will be in May.

The issues that need to be addressed include GPs coding of patient records. The coding should include a description of the diagnosis but the current system did not permit notes to

be added. There are currently two consultants working with the doctors to remedy this situation.

In connection with clearing backlogs more blood test clinics are being offered by the now 4 phlebotomists at the surgery. Blood test clinics are morning only because the samples are sent at midday to the pathology lab.

A review has been made of appointments with doctors, review of nursing appointments will follow. National standards for appointments with doctors state that each patient should be offered 6 appointments a year, which includes GP/Nurse/phlebotomy/HCA/Mental Health/Care Coordinator/Wealth and Well-being adviser etc.. Given the fact that there are 12,500 patients on the surgery's books this will mean a total of 1440 appointments per week.

Work is taking place on the daily demand and increasing the number of face to face appointments with doctors. On Mondays, only appointments on the day will be offered – no pre-booked appointments. Although a doctor will be able to pre-book a follow-up appointment, patients will not be able to book appointments for e.g. 4 weeks time.

Although patients will be offered face-to-face appointments as default they will also be able to opt for a telephone consultation if they so wish. Double appointments will no longer be allowed but patients will be allowed to discuss multiple issues if time permits. If there is not enough time it should be easier to book a new appointment. Double appointments take up too much time. The new system should increase the number of appointments offered from 16 to 35 per doctor. If patients are more than 5 minutes late for their appointment they will no longer be allowed to attend, but will have to rebook.

Monday 23<sup>rd</sup> was the first appointment-on-the-day-only day and the surgery seemed to run smoothly.

The new appointment system will be fully implemented from 6 February.

The surgery has entered into an agreement with the Kirkley Mill surgery which provides a respiratory hub for patients suffering from asthma, COPD and other respiratory conditions. This agreement will last until March and the feedback so far has been positive.

Minor surgery, which is only provided by Drs Tanoë and Lockyer, will be provided once per month.

Dr Kolade has completed his probationary period and wants to remain at the surgery. He is very popular among both patients and staff. He will be given his own list, easing the burden on the other 4 GPs and patients will begin to be moved in the next few weeks.

The latest staff survey showed a high proportion of answers in the yellow, indicating that many members of staff are adopting a "wait and see" attitude to changes at the surgery. The survey is attached to these minutes.

The last practice survey showed that patients who get in are very satisfied with the treatment they receive, but the practice needs to get more people through the doors.

## **6. Any other business**

Alice, who was unfortunately prevented from attending, sent over some items that she would have raised had she been able to attend.

She asked why it was necessary to ask for a key to the toilet at reception. Anni explained that there have been historic problems with drug misuse in the toilet and due to the danger to other patients from discarded sharps and lack of hygiene, it has been necessary to keep the door locked. When receptionists hand over the key it also means that they have an

overview of the toilet so that should someone be taken ill in the toilet they would be able to react.

Alice also noted that masks were not readily available when entering the surgery. Anni explained that there should be masks at reception and by the self-check-in screen. There was quite a high level of activity at the reception desk on Monday, so the receptionists may not have had time to check the mask stock. She will take it up with the receptionists to ensure that it is regularly checked.

There were not enough seats in the waiting room. This was not because of social distancing but was due to a number of chairs not being in a useable condition. Anni will be conducting a chair audit so that the waiting room can be fully chaired again.

Alice was pleasantly surprised to be able to get an appointment as late as 8:40, this probably being due to the new all on-the-day appointments on Mondays. Receptionists triage all patients, as the answerphone informs, and the receptionists triage patients online as well. Priority will, in future, be placed on children's illnesses when allocating appointments. As we have discussed in previous meetings, the online service has to be turned off when all appointments are allocated for capacity reasons.

Alice's final item was a question as to why baby jabs are in a large room with three doors and a corridor leading to it. Anni and Sherrie explained that the surgery has a problem with physical space. There are 11 clinical rooms but more clinicians, so that dedicated rooms are difficult to allocate. The reason for that particular room being used is that jabs require sufficient room for an admin person in addition to the nurse to enter all of the documentation associated with vaccinations and also because that room houses the refrigerators in which the vaccines are stored.

**7. Date of next meeting**

The next meeting will be on 7 March 2023.